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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 05/31/2004

|   |                                   |                            |                           |                                |
|---|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>0 | <b>TOTAL CLAIMS</b><br>22 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                            |                           |                                |
| Verified and Acknowledged <u><i>Karen Kaiser</i></u> Examiner's Signature <u><i>JK</i></u> Initials                                   |                                   |                            |                           |                                |

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## TITLE

Emulsifier

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>936 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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